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Phone: 845 425 9469 Fax: 845 352 6508



Memo

TO: USPTO/OIPE	From: ALAW Zamoro
Fax: 703-746-4060	, and a second s
Phone:	Date: 2/17/04
Re: 10/68-8, 292	CC:
☐ Urgent ☐ For Review ☐ Please Comments:	omment Please Reply Please Recycle
Please process	the cottached
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application : Alan M. Zamore Serial No. : 10/688,292

Filed: October 17, 2003

For : REDUCED PROFILE MEDICAL BALLOON ELEMENT

Examiner

Attorney Docket : 2003-6 Group Art Unit : 3731

I hereby certify that this correspondence is being deposited I with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on ______, or Evia fax to telephone number 703-746-4006

Alan M. Zamorc

REQUEST FOR REFUND OF FEE OVERPAYMENT

Commissioner for Patents Washington, D.C. 20231

Sir:

With respect to the above mentioned application, I hereby request a refund for fee overpayment calculated as follows:

Fees paid at original filing:

Basic filing fee: \$385

35 - 20 claims x \$9 = \$135

6 - 3 Independent claims x \$43 = \$129

Petition to make special: \$130

Total: 5779



U.S. Ser. No. 10/688,292 Filed: October 17, 2003 GAU: 3731

Fees due after amended filing:

Basic filing fee: \$385 35 - 20 claims x \$9 = \$1355 - 3 Independent claims x \$43 = \$86Petition to make special: \$130 Total: \$736

Overpayment \$43 (\$779-\$736).

REMARKS

The refund is believed due since applicant paid for 35 total claims and 6 independent claims at the original filing. After the amendment, 35 claims and 5 independent claims remained.

Please refund the overpayment to the applicant at the address below.

If there are any questions with regard to this amendment please contact Applicant at the telephone number listed below.

Respectfully submitted,

ALAN M. ZAMORE

Alan M.

Applicant

23 Mountain Ave Monsey, NY 10952

Telephone: (845) 425-9469 (845) 352-6508